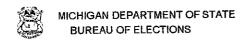
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVERPAGE	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From:
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
150579	DAVIS Joe F.
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable) 4TH DISTRICT COUNTY COMMISSIONER
Joe f. DAVIS FOR COUNTY COMMISSION	MAb)County of Residence BAV
5. Committee's Mailing Address	6. Freasurer's Name & Residential Address
909 N. WENONA	Jodi L. BRAYMAN
BAY (T), MI. 48706	JODI L. BRAYMAN WESTER COMBERS. 938 PALOMINO WAY AUGURN, ONT 48611
Area Code and Phone 989-134-3499 If the address in this box is different from the committee	,
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone 989-980-3866 4 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a
Jodi L. BRAYMAN	Joe DAVIS
Jodi L. BRAYMAN 938 PALOMIND WAY AUGURN. M.I. 48611	909 N. WENONA
AUGURI. MI 48611	BAY CITY, MT. 48706 Area Code and Phone 989-922-2240
Area Code and Phone <u>989 - 980 - 2866</u>	Area Code and Phone 189-9+6-2+7
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Pos	ost-Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary Ger	eneral 9e. Dissolution of Candidate Committee
Convention	chool Effective Date of Dissolution
Special Cau	aucus
Date of Election, Convention or Caucus	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
11/2/10	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all re	required Campaign Statements. The Campaign Statements must include all applicable penditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed amendment to the Statement of Organization should accompany before the filing deadline of a required campaign statement.	penditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. Inged since the information was shown on the committee's Statement of Organization, an It his Campaign Statement. If a request for a Reporting Waiver is not received on or It hat campaign statement cannot be waived.
	d in the preparation of this statement and attached schedules (if any) and to the best of complete.
Current Treasurer or Jodi L. Brayman	(Xdi Salana)
Designated Record keeper Type or Print Name	Signature Date 12/1/10
Candidate Joe F. Davis	Date 12-1-10
Type or Print Name	Signature
Authority granted under P.A. 388 of 1976	



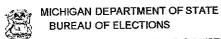
SUMMARY PAGE

1. Committee I.D. Number 150579

2. Committee Name Toe & DAVIS FOR COUNTY COMMISSIONER

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	a 3ba —	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	1
c. Subtotal of "Contributions"	(3c.) \$ <u>550</u>	(18.)\$ 1,975
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 550	(20.)\$ 1,975
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.)\$
EXPENDITURES		
8. Expenditures	· ~ ()	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	(-6 / 1
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 1,558,61	(23.)\$ 1,558,41
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		

8. Expenditures	()	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1,558,4)	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	0-6 / 1
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 1,558,61	(23.)\$ 1,550,41
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	·	
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
1 7 7 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 1,425	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$5.50	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 1.975	
15. SUBTOTAL Add lines 13 and 14	1559, [0]	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ <u>/,5567</u> \(\frac{1}{2}\) \(\frac{1}{2	
17. ÈNDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$*	

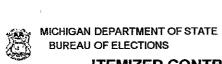


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 150579

2. Committee Name JOR F. DAVIS FOR COUNTY COMMISSION

CANDIDATE COMMITTEE 2. Committee Name	,	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10-19-10 Name & Address: WARREN MYRICK 2500 James R 48708 5. If over \$100,00 cumulative, please provide:		s /oo. 69 or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-19-10 Name & Address SIANNE ENGE HARD 4737 Bever Ly LN BAY CITY, ME USTOB 5. If over \$100.00 cumulative, please provide:	\$ 25 Click Here fo	\$s or Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-19-10 Name & Address: EMMONS ENSELANDT 4737 Beverly LN. 5. If over \$100.00 cumulative? please provide: Occupation Employer	\$ 25 Click Here fo	\$sr Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/21/10 Name & Address TAMES O'heary 2992 hyster DR-		
2992 LYSTLL VR- ONSTED MI 49265 5. If over \$100.00 cumulative, please provide:	\$ 25	s 25
Occupation Employer	Chuk Here IU	I WICHIO ROHIIZALIOH
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,00	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number	1505	579	
2. Committee Name 30	e K. Davi	5 For Count COMM	14/0/18
iter last name, first name, se or an Independent	6. Amount	7. Cumulative for Election Cycle for Each	

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10-22-10 Name & Address: Allen Kenned Y 3/40 Dillon Rd. Flushing Mt. 48433 5. If over \$100.00 cumulative, please provide: Occupation Gen. Mgn Employer Bay Agregates In. Business Address 4// Tiernan Rd. Bay 173, Mt. 4870.		\$ 250,00 or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-22-10	Tom Course & Sun to estimate and Course to the first lighter	
Name & Address JASON GOWER 4630 5. Flajole RD- Midland, Mt 48642 5. If over \$100.00 cumulative, please provide: OccupationEmployer	\$ / 6 0 Click Here for	\$ /00 or Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-25-10 Name & Address: OUS DURUSSE! 6049 HASKE! RD. VASSDR. MT. 48768 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 25 Click Here for	s 25 Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	\$	
5. If over \$100.00 cumulative, please provide: Occupation Employer Purious Address	Click Here for	r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	375 550 Enter this total on line 3a of Summary Page.	



SCHEDULE 1B

Enter this total on line 8a of Summary Page

CANDIDATE COMMITTEE 2	Committee Name Joe K DAVIS For	County Co	mm sioner
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Klendu Design INC.		<u>/0-17-/</u> 0	\$ 222.60
Address 3791 E. WILDURD.	Purpose: CAMAign. Sign. Click	Here for Memo II	ļ
BAY CTTS, MT 48708 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	f	
Expenditure #2	Statement		
Name Midmichigan Printing. Address 3849 Rogers Rd. Midland, Mt. 48642	Purpose: LiJ & Envelypes.	<u>//)-/8-//</u> Date Here for Memo II	\$ <u>530</u> , <u>00</u>
Midlaw, MT. 48642	Check box if this expenditure is payment or debt or obligation reported on previous statement		Onization 1990
Expenditure #3			
Name King fish ResTAURANT Address 1019 NI WATER ST- BAY CIT, M.T. 48708	Purpose: FUNDRAISUL FLOM PRIMARICAN Check box if this expenditure is payment of debt or obligation reported on previous	Here for Memo It	\$ <u>/46,6/</u> emization Type
	statement		
Expenditure #4 Name US POSTMASTEN Address WAShingTon AVE	Purpose: MA (/ (N S	/ Date	\$ 572,60
Bay CTy Mt. 48708 [Fund Raiser	Check box if this expenditure is payment o debt or obligation reported on previous statement		,
Expenditure #5			
Name (15) Pastalla	Purpose: MA- 1 11 N	<u>/ 0 /28 //</u> 0 Date	\$ <u>88,0</u> 0
Address WASHINGTON AVE BAY CITY, MF. 48708 Fund Raiser	Click Check box if this expenditure is payment o debt or obligation reported on previous statement	t Here for Memo I	temization Type
	Sub	total this page	1,558,61
	Grand Total of al (Complete on last pa		1,558,61

Page _____ of _____